

## **Interpretative Statement: Iowa School Nurses and Delegation**

**Purpose:** Today, increasing numbers of students need special health services to participate in their educational program. Providing services requires interdisciplinary coordination between education, health, and human services. These coordinated services include nursing delegation of school health services designed to protect student health, safety, and welfare. The purpose of this interpretative statement is to provide a resource for school nurses and school personnel regarding the school nurse delegation decision-making process.

**Background:** The registered nurse (RN) delegates nursing tasks while retaining accountability. There is no substitute for the professional registered nursing delegation judgment. The basis of all delegation decisions is student safety and welfare. Other workers have a place and are equipped to assist, but not replace, the registered nurse in nursing care. RNs are accountable to provide safe, effective nursing care. This requires employers, peers, and coworkers to support the RN and share responsibility in providing safe, quality health services.

The Iowa School Nurse is a registered nurse licensed to practice by a state board of nursing. The School Nurse has the legal, professional, and ethical autonomy to make decisions about delegation in accordance with the:

- Iowa Code (Iowa Code § 152) Practice of Nursing, Iowa Administrative Code Nursing Practice for RNs (655 IAC 6), Iowa Administrative Code Discipline (655 IAC 4), and Advanced Registered Nurse Practitioner (655 IAC 7)
- Standards of Professional School Nursing Practice (National Association of School Nurses and American Nurses Association, 2001)
- School Nursing Code of Ethics (National Association of School Nurses, 1999)

To practice within the scope of delegation authority, the School Nurse is accountable and responsible for:

- maintaining documentation of personal competence and education
- knowledge, skills, experience, instruction, and supervision
- determining if the student specific service(s) may be delegated;
  - appropriate circumstances, setting, and resources
  - delegation to the right person for the right reason(s)
  - service direction and description including clear and concise objectives, limits, and expectations
  - supervision including monitoring, evaluation, intervention, and feedback (NCSBN Adopted by the Iowa Board of Nursing March 1996)
- action or failure to act of self or others performing health services included in the individual health plan and emergency plan

By applying the legal, professional, and ethical delegation obligations, the School Nurse begins the delegation decision-making process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation (Appendix A Example). The student's health file contains the detailed delegation decision-making process documentation (Appendix B Example).

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**Gathering Assessment Information:** The School Nurse identifies:

- information sources including and not limited to health providers, student, family, and education team
- individual student health service needs
- resource needs
- student and or personnel supervision needs

**Nursing Diagnoses and Outcome Identification:** Once the assessment is completed, the resulting nursing diagnoses and outcomes direct services and determine action priorities in delegation decision-making. The nursing diagnoses describe the student's current health status. The outcomes are statements describing the desired health goals. They are meaningful, measurable, observable, and useful in making decisions. The School Nurse also considers their value to the student and family and the impact of their achievement on the student's school performance.

Applying the information obtained through assessment, diagnosis, and outcome identification, the School Nurse proceeds to the planning step of the delegation decision-making process.

**Planning Individual Health Service(s) and Emergency Health Service(s):** The School Nurse analyzes the assessment in consultation with the student, family, staff, and education team and determines whether to delegate considering:

- high outcome predictability (stability)
- minimal service complexity (competence)
- low harm potential for the student and others (harm)
- student level for self-care (self-care)
- minimal problem solving required (decision-making)

If the school nurse determines the student's safety and welfare requires the RN to provide the service, the nurse communicates with the education team on the delegation decision-making process.

The School Nurse develops the individual health plan (IHP) and emergency plan (EP) which includes a back-up plan(s) in case the service provider is not available. After completing the planning step, the School Nurse proceeds to the implementation step of the delegation decision-making process.

**Implementation:** When the School Nurse determines the service may be safely delegated to another person, hereafter referred to as the assistive personnel, the School Nurse develops the assistive personnel implementation plan including:

- designating the assistive personnel to perform the service(s)
- instruction content and updates
- demonstrated competency level
- frequency and level of supervision (in same area, on site, or on call)
- provision of ongoing support

The assistive personnel providing the service(s):

- understands responsibility and accountability to provide the service(s) as instructed

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- understands and follows lines of communication in the plan
- demonstrates service knowledge and skill(s) competency
- agrees to the level and frequency of supervision
- agrees to perform the service(s) as instructed (Iowa Code §§ 280.23)
- agrees to ask questions, communicate concerns promptly, and document service provision
- signs an agreement of understanding (Appendix C Example)

The School Nurse provides the ongoing continuous evaluation step of the delegation decision-making process following implementation.

**Evaluation:** The School Nurse will:

- review the delegated process and outcomes
- maintain ongoing communication and observation with assistive personnel
- determine follow-up measures to continue to meet student needs
- adjust the plan as needed to meet new and changing needs
- document the evaluation findings

The School Nurse's accountability and responsibility for student advocacy requires immediate reporting, documentation, and resolution of a situation when safety is in question. "RNs are accountable to provide safe, effective nursing care. This necessitates that employers, payers, peers, and coworkers support the RN and share the responsibility to provide safe, quality student health services" (Minnesota Nurses Association, 1997).

## **Summary**

Iowa Registered School Nurses ensure safe provision of special health services through the delegation decision-making process. This process allows students to receive and benefit from their educational program through the safe, competent provision of needed special health services. Qualified health personnel determine service(s) to be delegated to assistive personnel with the utmost regard for student safety and protection.

## **Definitions**

**Accountability:** The RN, according to their nursing license, is responsible and answerable for delegating special health services and self-action or inaction of self. When assistive personnel accept delegation, they agree to be responsible for self-action or inaction in providing the service(s) as instructed.

**Assistive personnel:** An individual, without health licensure, including various titles (unlicensed assistive personnel, qualified designated personnel, classroom assistant, paraeducator, paraprofessional, secretary, teacher, and others) functioning in an assistive role delegated by the RN. The assistive personnel is instructed, competent, and supervised in providing the health service(s) described in the individual health plan (281 IAC 41.96(1)).

**Decision-making:** The School Nurse uses the nursing process when determining health service delegation and documents the process.

**Delegation:** The School Nurse, in collaboration with the education team, assigns the performance of the health service(s) in a selected situation, not requiring the registered nurse knowledge and skill level, to a competent assistive personnel determined by the delegation decision-making process (Iowa Code § 152.1(2)(c)). The recommendation of the licensed health personnel receives primary consideration. When

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the delegation decision of the team members differ, a dissenting opinion may be filed (281 IAC 41.51). The RN instructs and supervises the assistive personnel performing health service(s). Additional references: Iowa Code 152.1(2)(c) and 655 IAC 6.2(5).

**Documentation:** Maintaining a written or electronic record of the decision-making assessment, diagnosis, outcome identification, planning, implementation (instruction, return demonstration, competency, assistive personnel agreements, communication), evaluation, and revision(s) of the health service(s) in the IHP, EP, and IEP. Additional delegation documentation includes but is not limited to the student name, health service, prescriber, date, time, name and title of the person providing the service, detailed notes on service provision, and unusual circumstances.

**Evaluation:** Analysis of the student's response(s) to the delegation process and progress toward identified outcomes. The data collected during the systematic ongoing evaluation is documented and used to make decisions about modifications, additions, or deletions. The school nurse reviews the IHP, EP, and back-up plan in collaboration with the student, family, school team, and assistive personnel whenever the student's health status changes, or at least annually.

**Health assessment:** The process to determine the student's health status through the health information relating to the IHP and EP (281 IAC 41.96(1)). Sources of information include, but are not limited to; interviews with the student and family, review of the student health record and medical records, health history, physical assessments and measurements, developmental and or family assessments, school professionals observations, and the education team. The school nurse interprets the information using professional knowledge and expertise to indicate how the health status affects educational performance and to determine delegation.

**Health service instruction:** Education by the school nurse or other qualified health personnel to prepare assistive personnel to deliver and perform special health services contained in the IHP and EP. Documentation of the education and updates is on file (281 IAC 41.96(1)).

**Individual health plan (IHP):** A written confidential document detailing the provision of the special health service(s) in the education program and desired outcomes. The IHP, EP, and back-up (reserve or substitute) plans document the nursing process. The school nurse and other qualified health personnel develop this document with the health provider, family, student, and education team. The specific health services and provider(s) are included in the Individualized Educational Program (IEP), selected items integrated into the IEP, the plan(s) location noted in the IEP, and updated as needed and at least annually (281 IAC 41.96(1)).

**Special health service:** Includes, but is not limited to, service(s) for individuals whose health status, stable or unstable, requires interpretation or intervention, administration of health procedures and health care, or use of a health device to compensate for the reduction or loss of a body function (281 IAC 41.96(1)).

**Supervision:** The School Nurse provides oversight including and not limited to observation, guidance, direction, instruction, evaluation, and follow-up of the assistive personnel providing the delegated special health service(s) (NCSBN, 1995). "Levels of supervision include situations in which licensed health personnel are physically present, licensed health personnel are available at the same site, and licensed health personnel are available on call" (281 IAC 41.96(1)).

### **Various levels of school health expertise**

**Registered nurse (RN):** Licensed to practice nursing by a board of nursing to formulate nursing diagnoses, conduct nursing treatment, carry out physician instructions, supervise and teach other

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personnel in the performance of nursing care activities, perform additional services requiring education and training, and apply scientific principles (Iowa Code § 152 and 655 IAC 6).

- **School Nurse:** The School Nurse is a registered nurse, licensed to practice in accordance with the laws, rules, Standards of Professional School Nursing Practice (National Association of School Nurses and American Nurses Association, 2001) and the Code of Ethics for the School Nurse (National Association of School Nurses, 1999). “School Nursing is a specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning” (National Association of School Nurses, 1999).
- **Nurse:** Each board that employs a nurse shall require a current license to be on file (281 IAC 12.4(12)). Statement of Professional Recognition (SPR), Board of Educational Examiners: Not required for employment. Required to qualify for Phase funding. SPR guideline requires Bachelor of Science in Nursing; current registered nurse license, employer letter requesting SPR, under contract (Iowa Code § 279.13), and items on file and in force by the third Friday in September.
- **Special Education Nurse:** Professional RN who assesses, identifies, and evaluates health needs of eligible individuals; interprets for the family and educational personnel how health needs relate to the individuals' education; implements activities within the practice of professional nursing; and integrates health into the educational program. Special Education Nurse SPR (282 IAC 15.3(14)).
- **Advanced Registered Nurse Practitioner (ARNP):** Advanced RN practitioner educated in nursing with advanced nursing knowledge, physical and psychosocial assessment, interventions, health care management, and national professional nursing association certification approved by the board of nursing (655 IAC 7).
- **Public health nurse:** A registered nurse who has a baccalaureate degree in nursing or related field and has knowledge of prevention, health promotion, community health nursing, and public health concepts (641 IAC 79.2 (135)).

**Physician:** The qualified licensed physician provides consultation with school health professionals and the school administration; is familiar with federal, state and local laws, policies, and programs, and links with the medical community; consults on individuals and groups, procedures, curriculum, program and policy, and evaluation; reports on consultation activities; and participates in on site services (American Academy of Pediatrics, 1993).

### **Allied health personnel:**

- **Licensed Practical Nurse (LPN):** Performs supportive or restorative care under the supervision of the RN (655 IAC 6.3(1)). When the nursing care is provided by the LPN in a non-acute setting requiring the knowledge and skill level currently ascribed to the RN, the RN or physician must be present in the same building (655 IAC 6.3(6)). In addition, the LPN may provide supportive and restorative care to a specific student in the school setting in accordance with the student's IHP and EP when under the supervision of and as delegated by the RN employed by the school district. The RN determines the level of supervision (655 IAC 6.6(2)).
- **Assistive personnel:** An individual, without health licensure, employed and educated to function in an assistive role to the registered nurse in providing nursing care as delegated by the registered nurse. Various assistive personnel titles include unlicensed assistive personnel (UAP), qualified designated personnel, classroom assistant, paraeducator (282 IAC 22), paraprofessional, secretary, teacher, and others. The assistive personnel is instructed, competent, and supervised in providing the health service(s) described in the individual health plan (281 IAC 41.96(1)).

**Community School Health Advisory Council:** Members include a broad cross-section of parents, business and community members, and school staff to facilitate communication and problem solving about health-related issues of children and youth. Each Council develops its own agenda, reflecting its community's concerns, values, and resources (Iowa Department of Public Health, 1999).

## **Resources**

Hill, J.L. (1999). Meeting the needs of students with special physical and health care needs. Upper Saddle River, NJ: Prentice-Hall. (chapter 24)

Iowa Board of Nursing. (2001). Delegation position statement. Des Moines, IA. IBN. [On-line]. Available: <http://www.state.ia.us/nursing/>, <http://www.state.ia.us/nursing/>, Nursing Practice: [http://www.state.ia.us/nursing/nursing\\_practice.html](http://www.state.ia.us/nursing/nursing_practice.html), Guidelines: <http://www.state.ia.us/nursing/guidelines.html>

Minnesota Nurses Association. (1997). Position paper: Delegation and supervision of nursing activities. St. Paul, MN: Minnesota Nurses Association.

National Association of School Nurses and American Nurses Association. (2001). Scope and standards of professional school nursing practice. Washington, DC: American Nurses Publishing.

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National Council of State Boards of Nursing (NCSBN). Delegation: Concepts and decision-making process. [On-line]. Available: <http://www.ncsbn.org> and <http://www.state.ia.us/nursing/guidelines.html>. Adopted by the Iowa Board of Nursing, March 1996.

National Council of State Boards of Nursing (NCSBN). (1997). Delegation decision-making-grid. [On-line]. Available: <http://www.ncsbn.org> and <http://www.state.ia.us/nursing/guidelines.html>.

Porter, S., Haynie, M., Bierle, T., Caldwell, T., & Palfrey, J. (1997). Children and youth assisted by medical technology in educational settings: Guidelines for care (2<sup>nd</sup> Ed.). Baltimore, MD: Brookes.

State of Iowa. (2001). Iowa Code and Iowa Administrative Code. Des Moines, IA: State of Iowa. [On-line]. Available: <http://www.legis.state.ia.us/>.

Iowa Code § 22.7

Iowa Code Chapter 135; 641 I.A.C. 79.2

Iowa Code § 143.1

Iowa Code Chapter 152, .1(2)(c); 655 I.A.C. 4, 4.6(c); 6, 6.2(5), 6.3(1), 6.3(6), 6.6(1), 6.6(2), 7

Iowa Code Chapter 256, .7(24); 281 I.A.C. 12.3(4), (11); 12.4(12); 12.8

Iowa Code Chapter 256B; 281 I.A.C. 41.12(11), 41.51, 41.96(1), .25(3), .51, .96

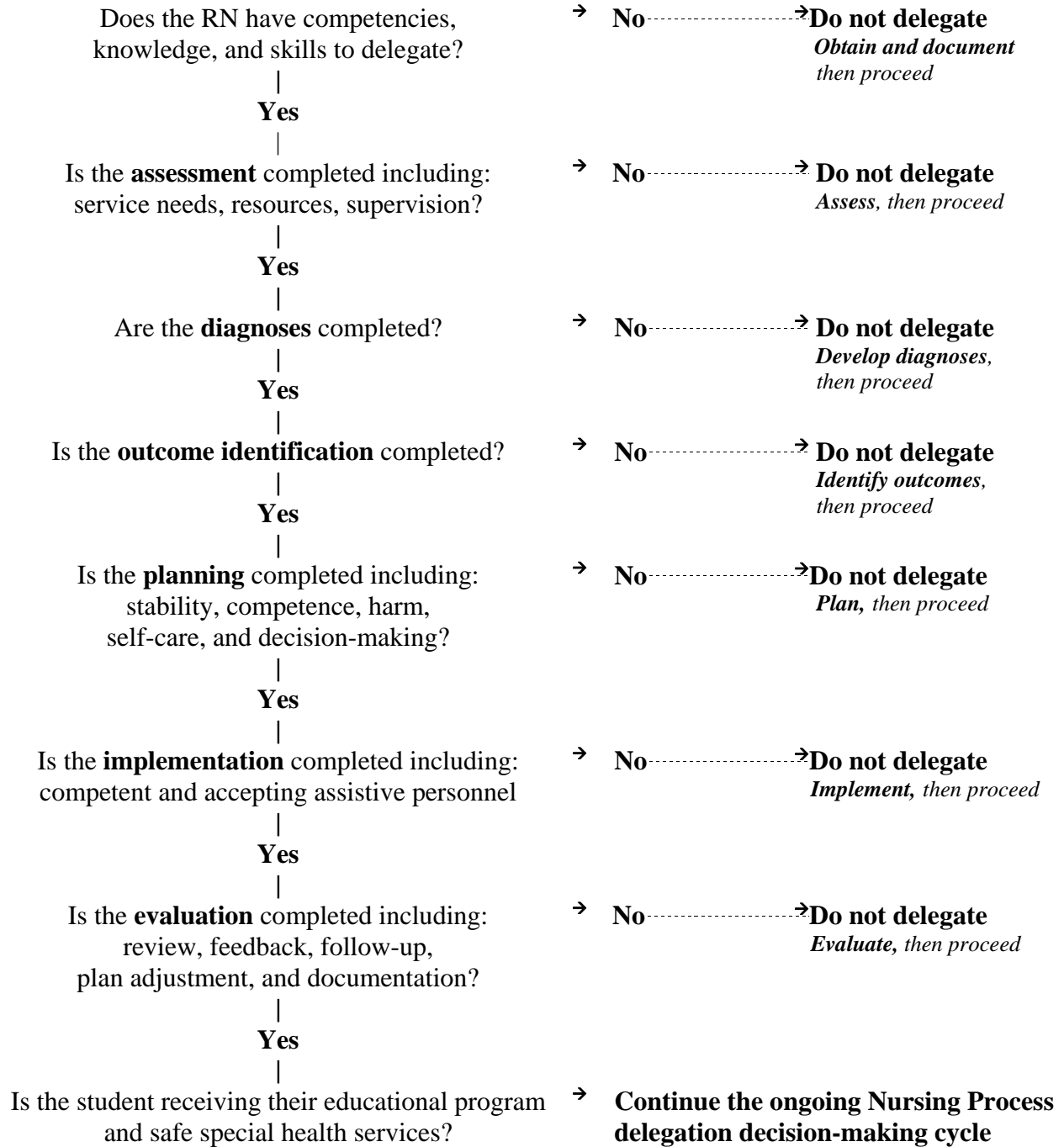
Iowa Code Chapter 272; 282 I.A.C. 15.3(14), 22

Iowa Code § 279.13

Iowa Code § 280.23

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March 2002

**Appendix A: Example Iowa School Nurse Delegation Decision-Making Tree**



Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing and National Council of State Boards of Nursing, Inc/1997

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### Appendix B: Example Delegation Decision-Making Documentation

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

*Assessment, Diagnosis, and Outcome* summary:

*Planning* summary:

*Implementation* summary:

*Evaluation* summary:

#### **Documentation: Consider the following in the decision-making process:**

**Delegation decision rationale:** (i.e., The student's health status is stable and the student has received this service for two years without any problems. The service is a step-by-step procedure.)

#### **Documentation when changes occur and at least annually**

<b>Planning</b> <ul style="list-style-type: none"><li><input type="checkbox"/> high outcome predictability (stability)</li><li><input type="checkbox"/> minimal service complexity (competence)</li><li><input type="checkbox"/> low potential for harm (harm)</li><li><input type="checkbox"/> student level for self-care (self-care)</li><li><input type="checkbox"/> minimal problem solving required (decision-making)</li></ul>	<b>Assistive personnel</b> <ul style="list-style-type: none"><li><input type="checkbox"/> designate assistive personnel to perform the service(s)</li><li><input type="checkbox"/> instruction content and updates</li><li><input type="checkbox"/> demonstrated competency level</li><li><input type="checkbox"/> frequency/level of supervision (same area, on site, on call)</li><li><input type="checkbox"/> specify ongoing support</li></ul>
<b>Implementation</b> <ul style="list-style-type: none"><li><input type="checkbox"/> understands responsibility/accountability to provide the service(s) as instructed</li><li><input type="checkbox"/> understands and follows lines of communication</li><li><input type="checkbox"/> demonstrates service knowledge and skill(s) competency</li><li><input type="checkbox"/> agrees to the level and frequency of supervision</li><li><input type="checkbox"/> agrees to perform the service(s) as instructed</li><li><input type="checkbox"/> agrees to ask questions, communicate concerns, and document service provision</li><li><input type="checkbox"/> signs an agreement of understanding</li></ul>	<b>Evaluation</b> <ul style="list-style-type: none"><li><input type="checkbox"/> review the delegated process and outcomes</li><li><input type="checkbox"/> document ongoing communication and observation</li><li><input type="checkbox"/> determine follow-up to continue to meet student needs</li><li><input type="checkbox"/> adjust the plan as needed to meet new and changing needs</li><li><input type="checkbox"/> document the evaluation findings</li></ul>

School nurse signature

Date



**Appendix C: Example Assistive Personnel-Documentation**

Student Name	Birthdate	School

I, \_\_\_\_\_ (assistive personnel):

- ☐ Understand my responsibility and accountability to provide the service(s) as instructed  
Location of health service guideline and instructions \_\_\_\_\_
  
- ☐ Understand and will follow the lines of communication in the plan
  
- ☐ Agree to the level and frequency of supervision by the school nurse
  
- ☐ Agree to perform the service as instructed
  
- ☐ Agree to ask questions, communicate concerns promptly, and document service provision
  
- ☐ Received education and feel knowledgeable about the health service Date \_\_\_\_\_ Initial \_\_\_\_\_
  
- ☐ Demonstrated step-by-step health service competency Date \_\_\_\_\_ Initial \_\_\_\_\_

Assistive personnel signature	Date

School nurse signature	Date